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245 Contribution of the Family to the Economic Support of the Elderly //

By Marilyn Doss Ruffin
Family economist

Programs such as social security, medicare, medicaid, supplemental security income, and food stamps now provide substantial money and in-kind support to persons age 65 and over. Nonetheless, the family continues to make important economic contributions to their elderly. Such contributions may be in the form of resource transfers between households (money; goods and services), or resource transfers or sharing within households (typically housing). Services are the predominant form of economic assistance to elderly parents, and regular money contributions are the least prevalent.

The elderly population encompasses a broad range of individuals in terms of age, functional capabilities, economic well-being, and other characteristics. The majority of elderly live independently and are able to meet most or all of their needs without assistance from their children or other family members outside the household. However, as parents' needs increase due to advancing age, declining health, death of spouse, or other factors, assistance from children may also increase.

This article will present information on the major types of assistance from adult children to elderly parents, some factors that are associated with such assistance, some developments at the Federal level, and the outlook for the future.

FORMS OF FAMILY-BASED ECONOMIC SUPPORT TO THE ELDERLY

Financial Assistance

Overall, direct financial contributions from families to their elderly are quite limited. In fact, only a slightly higher percentage of elderly households report receiving contributions as making financial contributions to another household (6.6 and 5.4 percent, respectively) (8). Regular contributions from adult children to elderly parents are estimated at only 3 to 4 percent

(11) by one study. Reports of financial hardship by children who are helping their elderly parents are infrequent (3).

Social security, rather than the family, is the primary means of transferring income from younger generations to the elderly. Nearly all elderly persons are eligible to receive social security benefits--by having paid taxes on their earnings for a specified time period or by being the spouse of such a person, and having reached a specified retirement age. More than 90 percent of elderly households receive social security income (14), which constitutes about 40 percent of income of all households in which the head is age 65 or over (23).

Other transfer programs, such as supplemental security income and food stamps, are "income-conditioned" or "means-tested"--that is, only those individuals or households who meet specified criteria of financial need are eligible to receive benefits. Findings from a study of elderly Iowans suggest that the majority of elderly persons would first turn to such programs rather than to the family if they were to need financial assistance (9). In general, the government was the first-ranked source, followed by family, with church and friends and neighbors of extremely low mention. Some differences were apparent when the data were broken down by occupational category--professionals ranked family before government, while farmers and factory workers ranked government ahead of family by 2 to 1. Thus, blue collar individuals, who likely have a lesser pool of family financial resources available to them, have less expectation from that source.

In spite of belief that government rather than family should have major responsibility for financial aid, findings from a survey conducted by the U.S. General Accounting Office in Cleveland, Ohio, indicate that for most means-tested Federal transfer programs (in-kind as well as money), the majority of eligible elderly do not in fact receive such benefits (19). Nonetheless, the percentages of all elderly households who do receive benefits from those programs exceeds the estimated 3 to 4 percent who receive regular financial assistance from their children (11). In 1982, 8 percent of elderly-headed households received supplemental security income, 13 percent received

medicaid, and 6 percent received food stamps (14). Limited findings link younger age of elderly persons with the belief that the government should be responsible for financial assistance (2). Thus, in the future there may be less reluctance by the elderly in claiming any benefits for which they are eligible. While increased program participation could result in greater economic well-being among low-income elderly and even less need for help from children than at present, it likewise would place greater demands on the public sector.

More elderly households receive occasional money help from their children than receive regular help. Circirelli, for example, found that among adult children with one or both elderly parents living, 8 percent reported giving occasional financial help to them (3). Shanas, on the other hand, found that among elderly persons surveyed in 1975 (80 percent of whom had living children) 14 percent of them said that they received occasional money "gifts" from their children (11). Shanas had previously conducted a similar survey in 1962. During the period from 1962 to 1975, the prevalence of occasional money gifts dropped considerably; 35 percent of the 1962 sample reported receiving such gifts--2-1/2 times more than in 1975 (11). Yet, over the same period the percentage receiving any type of help (that is, not necessarily money) remained constant, suggesting that the need for financial contributions from children has greatly decreased. Indeed, the flow of gifts of money and goods from elderly parents to their children also increased between 1962 and 1975. Seventy-five percent of men and 65 percent of women gave such gifts to their children in 1975--double the 1962 proportion (11).

Although, overall, the proportion of elderly who receive regular financial help from their children is small, some households are more likely to receive such help--for example, the oldest and those who share housing with their children. These groups of households also are more likely to have low incomes and, thus, greater financial need. Shanas found that both regular and occasional money help did, in fact, increase with age of parent as follows: Regular help was reported by 2 percent of those age 65 to

69 and 4 percent of those age 70 to 74 and 75 and over; occasional help was reported by 10 percent of those age 65 to 69, 12 percent of those age 70 to 74, and 19 percent of those age 75 and over. Similarly, the U.S. General Accounting Office found that children were a very important source of income to elderly parents who were living with them--in 27 percent of such households, the family was the most important source of income to the elderly parent (21).

Adult children express willingness to respond to needs of parents for future financial assistance. In one study, 15 percent of adult children surveyed said that they would provide occasional help, 44 percent would provide some regular help, 26 percent would provide a great deal of help, and 24 percent would be willing to provide most or all of the income needs of the elderly parent (3). Regrouping of that breakdown shows that 94 percent say they would help parents financially and 50 percent say they would be willing to provide a great deal or all of the support of parents should the need arise.

Assistance in the Form of Services

While the contributions of the public sector exceed those of the family in the case of financial support, the opposite is true for services. The percentages reported in table 1 illustrate the minor role of service agencies for most services. For all categories of service in which the family provided help, the family was more likely than service agencies to provide that help except for nursing care, in which equal percentages of family (and friends) and service agencies provided help.¹ In

¹Unfortunately, these data are reported for "family or friends," and a separate tabulation by family only is not available. Based on other studies, however, it seems reasonable to assume that family rather than friends were the primary helper. For example, in one study friends or coworkers were the first or second source of help to only 3 percent of elderly with limitations in personal care and to 10 percent of those with limitations in mobility, shopping, or household chores (23).

addition to reaching only a small percentage of elderly persons, services from public agencies frequently are concentrated on residents of public housing (19)--presumably because of the greater efficiency in locating and serving those persons, as well as the belief that public housing residents have greater need for such services. Thus, families of the 95 percent of elderly households who do not live in public or other subsidized housing may be critical in providing needed services to their elderly.

Most elderly married couples have little need for service help from their children, but the very elderly, the frail and ill, and widows are more likely to need such help. Service areas where elderly parents say they are likely to turn to children for assistance include transportation, house-keeping, food, and paperwork (25). In fact, among adult children surveyed by Circirelli (3), about half were providing help in the areas of home maintenance, homemaking, transportation, and bureaucratic mediation. In the same survey, adult children also were asked about the amount of service help that they would be willing

to provide in the future; most said that they would provide additional help if needed but were not willing to be the sole source of that help. The cost or value of providing services to an elderly parent can be great. The U.S. General Accounting Office estimated that in 1977 the cost or value of services provided by family (and friends) ranged from an average of \$37 per month for an unimpaired elderly person to \$673 per month for an extremely impaired person (20).²

Services are provided to elderly parents not just on the basis of the need of parents but also as a part of mutual exchanges that characterize relationships among family members. For example, a comparison of receipt of services from children and "need" for services--both as defined by the elderly individual--indicate that services are provided by adult children to a much greater extent than they are "needed" by elderly parents (5, 19). Furthermore, substantial

² Costs of services as measured by the Consumer Price Index of the U.S. Department of Labor, Bureau of Labor Statistics, increased by 87 percent between mid-1977 and mid-1984.

Table 1. Elderly persons receiving selected services from family and friends, compared with those receiving same services from agencies

Type of service	Source		
	Family or friends	Service agencies	Both
	<u>Percent of elderly</u>		
Personal care	56	1	1
Checking.....	44	1	1
Homemaker	20	5	1
Administrative and legal.....	15	7	1
Meal preparation	13	8	1
Continuous supervision	6	1	1
Nursing care	3	3	1
Transportation	60	3	5
Service coordination, information, and referral	8	3	1

Source: U.S. General Accounting Office, Comptroller General of the United States, 1977, Report to the Congress, The Well-Being of Older People in the United States, HRD-77-70.

amounts of services flow from elderly parents to adult children. In the 1975 Survey of the Aged, Shanas (11) found that 28 percent of elderly men and 41 percent of elderly women helped their children with grandchildren; 6 and 8 percent, respectively, helped them during illness; 24 and 3 percent, respectively, helped them with home repairs; and 11 percent and 39 percent, respectively, helped them with housekeeping.

Shared Housing³

The sharing of housing by adult children and elderly parents may come about for economic reasons, because the parent can no longer safely maintain himself or herself in an independent living situation, or for other reasons. Overall, only a small proportion of elderly persons live with their children; yet, most adult children say they would be willing to take a parent into their home under some circumstances (12), and the probability is high that an older person will live in a shared housing situation at some point late in life (1).

The proportion of persons age 65 and over who are not married and who live in families serves as an indicator of the proportion who live with children. In 1982, 13.3 percent of elderly persons had such living arrangements. About half of these elderly persons either owned or rented the dwelling (that is, were the "householder"), suggesting that the sharing of housing resources flows as often from the older person to the younger person as the reverse. Over time, the proportion of older persons living as other persons in families has declined. For example, in 1970, 18.4 percent had such arrangements (6). Greater economic independence between generations--due in part to

increased social security benefits, the implementation of supplemental security income in 1974, and other public programs--has contributed to this trend.

Although the proportion of elderly who live as "other persons" in families is not large, the total number of such persons far exceeds both the number of nursing home residents and the number who live in public or other subsidized housing (table 2). The number of nonhouseholder "other persons" also exceeded public housing recipients and exceeded nursing home residents except for the age 75-and-over category, which was about the same. Thus, when placed in perspective, the importance of family-shared housing becomes apparent, both in terms of contributing to the elderly person's well-being and substituting for public expenditures.

Sex, income, and age of the elderly person are associated with family-shared housing. Elderly women are three times as likely as elderly men to live in shared housing (6 percent of men, compared with 18 percent of women in 1982). Furthermore, most elderly who live as "other persons" in families are widows (65 percent). In addition to lacking a spouse and, thereby, the mutually supportive relationship that facilitates independent living, widows as a group are older and thus more frail, and have lower incomes than all persons who are age 65 and over. Nonetheless, widows increasingly are choosing to live alone. Between 1972 and 1982 that proportion increased by 14 percent and the proportion living as "other persons" in families decreased by 20 percent.

Being poor is associated with family-shared living arrangements. More than half (56 percent) of elderly "other relatives" in families would be classified as poor by the Social Security Administration's definition if only the income of the elderly person were counted (17). Furthermore, among unmarried elderly persons,⁴ the poor (on the basis of their own income) were more than twice as likely as the nonpoor to live

³Unless otherwise indicated, 1982 figures in this section and elsewhere are derived from U.S. Department of Commerce, Bureau of the Census, 1983, *Marital Status and Living Arrangements: March 1982, Current Population Reports*, Series P-20, No. 380; 1972 figures are derived from U.S. Department of Commerce, Bureau of the Census, 1972, *Marital Status and Living Arrangements: March 1972, Current Population Reports*, Series P-20, No. 242.

⁴Includes widowed, never married, and divorced.

with relatives (31.3 percent of poor and 13.6 percent of nonpoor).

Persons who are age 75 and over are nearly twice as likely to live as "other persons" in families than are persons who are age 65 to 74 (19 percent, compared with 10 percent in 1982). Data on the very elderly are available from Shanas' 1975 Survey of the Aged, but because the sample universe and other factors differ from the Current Population Survey, figures are not directly comparable. As part of the National Survey of the Aged, elderly persons who had living parent(s) were asked about the living arrangements of the parent(s); about half of those very elderly parents lived with a child (11).⁵

⁵This does not mean that one-half of very elderly persons live with children, as not all of such persons have children.

Both advantages and disadvantages may result from a shared housing arrangement.⁶ The availability of assistance in health care and personal and housekeeping tasks, as well as economies of scale in food and shelter costs and a pool of shared appliances and other goods and services, enable persons in shared housing to stretch income (13). There are costs, also. For example, the elderly individual's benefits from means-tested transfer programs may be reduced or terminated. However, when households combine, the sharing of income and resources usually benefits the financial well-being of the added member at the expense of the sharing household (13); computations from data compiled by the Social Security Administration indicate that of elderly "other relatives" who would have been classified as

⁶Noneconomic factors are of course of great importance in evaluating shared housing but are outside the scope of the present discussion.

Table 2. *Selected living arrangements of persons 65 and over, 1982*

Living arrangement	Age		
	65+	65 to 74	75 and over
	<u>Numbers in thousands</u>		
Live with children or other relatives: ^{1 2}			
All.....	3,343	1,777	1,566
Not householder.....	1,821	727	1,094
Live in public housing or other subsidized renter housing.....	961	NA	NA
Live in nursing home.....	1,316	232	1,084

¹Excludes married couples living together.

²Data are not available on the proportion of these families who also receive a housing subsidy. For all ages, 3.2 percent of family households receive such a subsidy; thus, the amount of overlap between the two categories is believed to be small.

NA = Not available.

Sources: U.S. Department of Commerce, Bureau of the Census, 1983, Marital status and living arrangements, March 1982, Current Population Reports, Series P-20, No. 380. U.S. Department of Commerce, Bureau of the Census, 1984, Characteristics of households and persons receiving selected noncash benefits, 1982, Current Population Reports, Series P-60, No. 143. U.S. Department of Health and Human Services, Federal Council on Aging, 1981, The Need for Long Term Care: Information and Issues, DHHS Publication No. OHDS 81-20704. (Estimated data.)

poor had they maintained their own households, 89 percent were not counted as poor in the shared living situation (17). The combining of households may lead to crowded living conditions and thus may adversely effect the relative comfort and quality of living provided by the families housing structure. Time and/or money that must be spent in caring for an elderly parent who is frail or ill must also be considered. The outlay of resources for that purpose may be considerable, and families receive little or no financial assistance for home care from medicaid or other public programs. Thus, many factors may limit the ability of the primary household to maintain or improve its own economic well-being. One important way in which the household may be constrained is in its ability to engage in productive activities for its own benefit, whether by means of a second earner or by home production. Conversely, an able elderly member may be able to provide welcome assistance in home production activities and thereby enable younger family members (particularly a daughter or daughter-in-law) to more effectively allocate productive capabilities between home and labor market activities.

SOME FACTORS ASSOCIATED WITH NEED FOR HELP

Loss of spouse, poor health, and advancing age of a parent are among the factors that increase the likelihood of assistance from adult children to elderly parents. Often these factors go hand in hand. For example, about 50 percent of persons age 75 and over are widowed, compared with 25 percent of persons age 65 to 74. Age also is associated with increased incidence of chronic conditions that limit independent functioning.

Death of One Parent

Death of one parent may increase the need for assistance from children in several ways. Perhaps the most important is that the death of a spouse eliminates that spouse's services as well as the mutual support that the elderly couple provided to each other within the household; thus, the need for such support and services from outside the household increases. Typically, the husband predeceases the wife. Among current cohorts

of older women, many have specialized in traditional homemaking responsibilities and may be ill-equipped to handle financial management, arrange for home maintenance, or provide their own transportation. Although most elderly widows now live alone (69 percent in 1982), they comprise about two-thirds of elderly persons living as "other persons" in families of their children or others.

Income may be reduced, perhaps dramatically, without a proportionate drop in living expenses if one spouse dies. Lower income may result from loss of a breadwinner's earnings, lower social security benefits, or a loss or reduction of pension. Not all men who have reached age 65 have retired. Twenty-six percent of men age 65 to 74 and 12 percent of men age 70 and over were still in the labor force in 1983 (18); death of that earner would, of course, mean that such income would stop. In the case where the worker was retired and pension benefits were being received while he was living, such benefits could end or be drastically reduced upon his death. Under present law, survivor benefits do not have to be provided by a pension plan, and even if they are offered, the worker is not compelled to select that option. Many workers do in fact choose the alternative of a higher retirement check during their own lifetime rather than continuation of some level of benefits after their death, perhaps without fully understanding the implications of their actions. The proposed Pension Equity Act of 1983 (H.R. 4032), currently before the Congress, addresses the problem of survivor benefits and would afford protection to future beneficiaries.

Income from social security is a far more prevalent source for most elderly than is income from pensions (93 percent of older households received social security in 1982, compared with 24 percent who received pensions)(14). Social security income also drops when a spouse dies. When that income was based on the earnings of one member, the benefit drops by one-third (10). In the case of low-earning couples who had relied on two paychecks to provide sufficient income and who had received social security benefits based on each spouse's earning record, a greater reduction would be likely (10).

Health

Elderly parents who are ill or impaired may need services or financial assistance from their children in the areas of household tasks or personal care, consultations or arrangements for medical care, provisions or arrangements for long-term care, as well as in other areas. Thirty-seven percent of older persons surveyed in Cleveland, Ohio, by the U.S. General Accounting Office said that their children would be the primary source of assistance to them if they became ill or disabled (19). Most assistance goes to elderly mothers; this is because of the greater number of elderly women than men, the older age and thus greater needs of these women, and the fact that most elderly men are married and have wives who are the major source of care and services for them. Shanas (11) found that elderly women who had been ill in bed received help with selected household tasks from children outside and within the household, respectively, as follows: Housework, 18 percent and 15 percent; meal preparation, 19 percent and 13 percent; and shopping, 25 percent and 16 percent.⁷ Elderly persons who are unable to function independently with respect to personal care or mobility are highly likely to receive service assistance from children. In one study, children were the first or second source of help to 54 percent of non-institutionalized elderly persons who were limited in mobility or in ability to do household chores or shopping, and to 27 percent of elderly with personal care limitations (spouse was named by 42 and 45 percent, respectively) (23). Transportation to receive medical care is a typical child-provided service. Circirelli (4) found that among a sample of midwestern elderly who had a child living nearby, 45 percent relied on a child for transportation to obtain medical services. Financial assistance with medical bills is infrequent, however. Only 2 percent of

⁷Note: Help from children outside and within the household cannot be summed to yield total help from children, as respondents could report help in both categories.

noninstitutionalized elderly surveyed by Shanas in 1975 reported that their children helped in paying medical bills. Low incidence of assistance with medical payments may be due to the nearly universal coverage of elderly persons by medicare or medicaid. In 1982, 97 percent of elderly members of households were enrolled in medicare and 13 percent of elderly members were enrolled in medicaid as well. These programs paid for approximately two-thirds of the health care expenditures of persons age 65 and over (16).

Home care of an impaired elderly person can make great demands on a family's resources. In 1977, the U.S. General Accounting Office (GAO) estimated the average annual value or cost of services for home care of an impaired elderly person by degree of impairment as follows: Slightly impaired, \$63; mildly impaired, \$111; moderately impaired, \$181; generally impaired, \$204; greatly impaired, \$287; and extremely impaired, \$673 (20).⁸ In spite of virtual absence of medicaid assistance for in-home care of an elderly parent, many adult children choose this alternative.⁹ At some point, the family may need to consider whether a nursing home is the best alternative for care of an elderly parent. Frequently it is the only way to financially obtain adequate care. When the elderly person is institutionalized, public programs generally relieve children of responsibility for that care. Nonetheless, children were the major source of financial support to 11 percent of parents living in nursing homes in the GAO study (21).

⁸ See footnote 3, p. 4.

⁹ The U.S. Office of Consumer Affairs reports that a bulletin All About Home Care: A Consumer's Guide is now available. Published by the National Homecaring Council and the Council of Better Business Bureaus, it is a 30-page guide to home care services (such as medical care, nutrition services, personal care, and nursing care). Single copies may be ordered from the National Homecaring Council, 235 Park Avenue South, New York, N.Y. 10003. Send \$2 and a self-addressed business envelope. Bulk rates are also available.

Age

Age of parent is associated with many factors that increase the need for help from children--greater likelihood of health problems and impairments, greater likelihood of widowhood, and lower incomes. In addition, current cohorts of elderly, particularly the oldest, may have special needs due to factors such as low levels of education, inexperience with forms and other paperwork, and other interactions with bureaucracies. Circirelli (2) found that reliance on children and other relatives for income as well as services increased with age, especially in the over-80 category. However, the very elderly were still self-reliant except in the areas of home maintenance and transportation (2). Data from the U.S. Department of Health and Human Services illustrate how the oldest of the elderly may need greatly increased amounts of help to carry out home management activities (due to chronic conditions). While only 5.7 percent of persons ages 65 to 74 and 14.2 percent of persons ages 75 to 84 needed help in any activity, 39.3 percent of those age 85 and over needed assistance (see table 3).

Increased age also is associated with greater likelihood of living in a shared housing situation with a child or other relative.

Incomes of the very old are likely to be lowest. This is partly because their retirement benefits from social security or private pensions are derived from an earlier and lower earnings base and that benefit increases, if any, generally are based on cost-of-living increases, whereas subsequent workers' earnings have increased on the basis of productivity gains as well as cost of living (10).

SOME DEVELOPMENTS AT THE FEDERAL LEVEL

Implications of demographic and social trends for Federal support of dependent-care services for the elderly were assessed by the Congressional Budget Office in a 1983 report (22). Demand for such services is growing, and to expand Federal support would mean choices among altering other Federal programs, raising taxes, or increasing the deficit.

The Advisory Council on Social Security recommended in a March 1984 report that the age for medicare eligibility be raised from 65 to 67 (15). The Council also recommended

Table 3. *Need for home management help by persons 65 and over, 1979¹*

Activity	Total	65-74	75-84	85 and over
Percent needing help ²				
Any activity.....	10.5	5.7	14.2	39.9
Shopping ³	8.6	4.4	11.8	35.5
Chores.....	8.7	4.1	9.8	29.3
Handling money.....	3.6	1.5	5.1	17.6
Meals.....	5.0	2.5	6.5	22.5

¹ Based on interviews with civilian noninstitutionalized population.

² These percentages include only persons with self-reported chronic conditions and, thus, may be lower than is actually the case.

³ Excludes persons who need help only in getting to the store.

Source: Feller, Barbara A., 1983, Americans needing help to function at home. *Vital and Health Statistics*, No. 92. U.S. Department of Health and Human Services, National Center for Health Statistics.

that coinsurance payments (that is, the share of medical bills that program participants must pay) be increased. These recommendations follow from projections by the Council that medicare could run out of funds between 1988 and 1990 unless major changes are made. The raising of the eligibility age would particularly affect many older individuals who are not covered by private insurance. About one-third of medicare enrollees were not covered by private insurance in 1980; persons who had low levels of education, low income, were black, or perceived that they were in poor health were most likely to lack private coverage (16). The proposed changes clearly would affect the economic well-being of the elderly and have the potential for increasing the need for economic assistance from children. The proposals will be evaluated by Congress later this year.

The Retirement Equity Act of 1984 (H.R. 4280) was passed by the House in May 1984, and similar legislation has been proposed in the Senate. Part of this act addresses joint and survivor coverage under pension plans that offer benefits in the form of life annuities. Under current law, such options do not have to be provided until the worker has reached the earliest possible retirement age under the organization's plan. Thus, if the worker died before reaching that age, the plan would not have to pay the spouse a survivor's benefit. Under the new legislation, joint and survivor benefits would be automatically provided after the worker had accumulated 10 years of service and had reached age 45. In addition to remedying the inequity in which a widow of a below-retirement age worker receives no pension benefits, the provision also means that the joint and survivor option would become the usual form in which benefits are paid. That is, a reduced annuity amount would be paid during the worker's retirement in order to provide for the continuation of benefits to the surviving spouse should the retired worker die first; in that case, the survivor's annuity payment would have to be at least 50 percent of that received while the retired worker was living. To waive joint and survivor

coverage, the spouse would have to consent in writing before either a plan representative or a notary public. These changes would not, of course, apply to currently retired persons or their surviving spouses.

The Administration on Aging (U.S. Department of Health and Human Services) has sponsored a number of model or demonstration projects to explore the role of families and others, such as friends, neighbors, and volunteers, in informally providing care and other services to elderly persons. Other projects have explored how formal care giver support groups might strengthen informal efforts. A project now is underway by the National Council on the Aging, also under the sponsorship of the Administration on Aging, to develop a series of publications that synthesize and publicize the Federal projects. The following three publications are available:¹⁰

- Informal Supports: A Summary of Federally Funded Research and Demonstrations. (A summary report; price, \$10).
- Care Giver Support Groups. (A "how-to" book based on two successful demonstration projects; price, \$6).
- Volume III: Peer Groups for Health Education. (Also a "how-to" book based on successful demonstration projects; price, \$6).

OUTLOOK

During the decade of the eighties the elderly population will increase--particularly the most aged, who are most likely to have low incomes, health problems, and functional limitation, and thus greatest need for family and public sector support. However, both the family and the public sector will have difficulty in responding to the greater level of need. Trends affecting younger age groups--such as the proportion of women in the labor force and the large

¹⁰More information on this project may be obtained from Lorriane Lidoff, National Council on the Aging, 600 Maryland Avenue S.W., West Wing 100, Washington, D.C. 20024. Publication orders should be addressed to the Publications Department; enclose payment plus \$1.50 per order for postage and handling.

number of families that are headed by a single parent or are reconstituted--dilute the family's time and money resources that are available for helping their elderly relatives.¹¹ The inability of public sector resources to respond to growth in the elderly population already is evidenced by proposals to increase eligibility ages for social security and medicare. In addition, it is likely that the public sector will not be able to respond to increased need for services for the impaired elderly as that population segment increases (5).

Of necessity, we are likely to see a shift to types of help to the elderly that rely to a lesser extent than in the past on either family or government. This would take the form of various types of money and in-kind economic transfers, for example:

- Services purchased from agencies and individuals by families of the elderly and the elderly themselves.
- Formal and informal volunteer efforts.
- In-kind exchanges by the elderly among themselves or with others.
- Increased involvement by the younger and more able elderly in all of the above areas.

The role of extension and other professionals will be more critical than in the past due to greater needs of the elderly population, decreased ability of major sources of help to the elderly to continue to provide that help, and thus a greater need to augment and strengthen available resources. For example, a shift to greater levels of purchased services will mean the need for information on the availability of qualified providers. The greater need for volunteer efforts will mean that the role of professionals as facilitators of such efforts will take on greater importance; there will be a need to perform a clearing-house function to enable the elderly to more readily engage in in-kind exchanges of goods and services. Creative solutions will be required as professionals respond to this major challenge.

¹¹For some families, on the other hand, the offsetting trend of smaller family size may mean more financial resources available for helping elderly family members.

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Some New USDA Publications

The following are for sale from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 783-3238.

- 1983 Handbook of Agricultural Charts. December 1983. Stock No. 001-000-04377 3. \$5.
- COMPUTERS ON THE FARM. March 1984. Stock No. 001-000-04413-3. \$1.75.
- LIST OF PROPRIETARY SUBSTANCES AND NONFOOD COMPOUNDS. April 1984. Stock No. 001-000-04419-2. \$12.
- WEED CONTROL IN LAWNS AND OTHER TURF. May 1984. Stock No. 001-000-04420-6. \$2.

Farm Operator Households Receiving Social Security Income, 1979

By Kathleen K. Scholl
Consumer economist

Of the 2.4 million U.S. farm operator households in existence in 1979, one-half million received some kind of social security income. The average benefit per household was \$3,736. In comparison with all farm operator households, those with social security income were more likely to be located in the South, be associated with small-scale farms (both in terms of acreage and amount of agricultural sales), and have cash farm income of less than \$10,000. In 1979 the farm operators in households receiving social security income were generally senior citizens and were more likely to be black¹ and to be female than were all farm operators.

Published² and unpublished data from the 1979 Farm Finance Survey are used in this article to provide an overview of the farm operator households who have access to social security income. The nature of the data limits the interpretations that can be made, however. Farm operators were asked to report social security income received by them or a member of their household. The data describe only the characteristics of the farm or the farm operator; no detail was obtained about the actual member of the household who received the social security income. The data, therefore, do not provide a measure of the social security income received by individual farm residents. Also, total income received from all social security programs was reported, but specific programs were not identified. Since social security income was recorded in the survey document in the retirement and disability income section, some respondents may not

have reported social security income resulting from survivorship or medicare.

Farm households with social security income tended to have small-scale farms. Over 70 percent of the farm households had farms with less than 180 acres; less than average social security income was reported by households with farms having fewer than 260 acres (see table). Eighty-one percent of the households had farms with agricultural product sales of less than \$20,000; average or less than average social security income was reported by these households.

The vast majority of the farm operators with social security income in the household were full owners with an individual or family type farm organization. Benefit levels per farm household were near the average of \$3,736 for full owners and individual or family type organizations. Those with farm corporations received higher benefits per farm than those who owned their farms either as individuals, families, or partners.

One-half of the farm households receiving social security income resided in the South. Among the regions, southern farm households had the lowest and western farm households the highest per farm average of social security income. Southern tobacco farm households had the lowest level of social security benefits per farm of all the crop and livestock farm operations. Farm households with black¹ operators had lower per farm social security income than farm households with white farm operators. The average social security income in 1979 for households with female operators was about \$800 less than the average for households with male operators.

Three-fifths of the farm operators whose households had social security income were 65 years of age and older; this probably means that the majority of the farm households receiving social security received it as a retirement benefit. Of all the age categories, this age group also had the highest per farm average of social security benefits. There are a number of reasons why farm households with operators less than 65 years of age may be receiving social security income. For example, a retired parent living with adult children could be receiving social security income, or children of a

¹ Includes other minority races.

² U.S. Department of Commerce, Bureau of the Census, 1982, 1979 Farm Finance Survey, Census of Agriculture, 1978, Vol. 5, Special Reports, Part 6, tables 33 and 34.

Number of farms and amount per farm reporting social security income,¹ by selected characteristics

Selected characteristics	Number of farms reporting	Social security income per farm (dollars)	Selected characteristics	Number of farms reporting	Social security income per farm (dollars)
All farms reporting	508,554	3,736	Sex of operator:		
Size of farm (in acres):			Male	459,018	3,811
Less than 50	151,374	3,626	Female	49,536	3,033
50-99	108,595	3,720	Age of operator (in years):		
100-179	104,043	3,694	Under 25	4,589	3,585
180-259	46,701	3,683	25-34	15,769	3,530
260-499	57,192	3,961	35-44	25,695	3,625
500-999	23,261	3,987	45-54	39,709	3,431
1,000-1,999	9,633	3,820	55-64	129,865	3,567
2,000 or more	7,755	4,432	65 and over	292,927	3,875
Value of agricultural products sold (in dollars):			Total net cash farm income (in dollars):		
Less than 2,500	155,265	3,630	Negative	132,122	3,692
2,500-4,999	98,849	3,570	0-999	83,707	3,761
5,000-9,999	91,016	3,710	1,000-1,999	51,745	3,513
10,000-19,999	66,741	3,740	2,000-2,999	38,479	3,573
20,000-39,999	46,039	3,981	3,000-4,999	60,607	3,627
40,000-99,999	34,897	3,983	5,000-9,999	61,814	3,902
100,000-199,999	10,591	4,708	10,000-19,999	41,332	3,662
200,000-499,999	4,170	4,541	20,000-29,999	16,689	3,992
500,000 or more	986	4,917	30,000-39,999	7,465	4,202
Tenure of farm operator:			40,000-49,999	4,824	4,496
Full owners	406,143	3,704	50,000 or more	9,770	4,696
Part owners	74,029	3,911	Total net cash income (in dollars):		
Tenants	28,382	3,726	Negative	13,001	3,150
Type of farm organization:			0-999	6,275	1,878
Individual or family	464,640	3,725	1,000-1,999	11,885	1,929
Partnership	37,208	3,741	2,000-2,999	22,202	2,309
Corporation	5,728	4,232	3,000-4,999	58,855	3,003
Other	978	5,685	5,000-9,999	142,738	3,582
Regions:			10,000-19,999	142,684	4,180
Northeast	29,915	3,689	20,000-29,999	53,282	4,422
Midwest	172,158	3,837	30,000-39,999	26,411	4,076
South	254,023	3,613	40,000-49,999	10,899	4,135
West	52,458	4,023	50,000-99,999	15,751	4,735
Race of operator:			100,000 or more	4,571	5,573
White	483,991	3,761			
Black and other races	24,563	3,230			

¹The manner in which the inquiry was placed on the questionnaire under retirement and/or disability off-farm income may have caused some respondents to not report social security income resulting from survivorship or medicare.

Source: U.S. Department of Commerce, Bureau of the Census, 1982, 1979 Farm Finance Survey, Census of Agriculture, 1978, Vol. 5, Special Reports, Part 6, tables 33 and 34.

deceased parent could be receiving social security benefits although the surviving spouse has remarried.

Social security benefit levels by net cash farm income levels increased most notably at levels beyond \$20,000. Since retired farmers would reduce or not continue their farming activities, a similar level of benefits would be expected across low levels of net cash farm income. Fifty-one percent of the farm operators receiving social security income in their households had less than 20 percent of their net cash income from farming; only 6 percent received 80 or more percent of their income from farming. Those with high net farm income and high per farm benefit levels may be those older, self-employed farm operators who did not retire from farming and are not penalized by an earnings test because of their age. Also, those with high net farm income and high benefits could be a widowed or retired parent living on the farm with adult children who operate the farm.

Generally, characteristics positively associated with wealth--such as the value of land and buildings, net cash income, and off-farm income--were also positively associated with higher benefit levels. One exception is that of farm households with a negative net cash income;³ the social security minimum benefit levels probably assisted these families.⁴ Otherwise, wealth appeared to be generating the income on which the benefits were based.

Of the farm operator households in 1979 who received social security income, 19 percent were below the nonfarm poverty threshold. The average social security income received by these poverty households was \$2,698, well below the average of \$3,736 for all farm households.

³ Despite their high level of social security benefits, these households apparently do not have sufficient levels of off-farm income to offset their farm losses.

⁴ In 1981 legislation eliminated social security minimum benefit levels that were in effect in 1979. Presently, some low-income farm families may qualify for special minimum social security benefits for certain workers with many years of low earnings.

A Marketer's Guide to Discretionary Income

This report, prepared jointly by the Conference Board, Inc., of the Consumer Research Center,¹ and the U.S. Bureau of the Census, focuses on discretionary income and its distribution among households. Discretionary income is defined as the amount of money that would permit a family to maintain a standard of living higher than the average of that of similar families. By analyzing household income statistics, marketers can trace the growth, movements, and size of potential markets.

Data were obtained from the 65,500 households included in the Bureau of the Census 1981 Current Population Survey. Households were grouped by the following characteristics: Size, age of head, size of community, and region of the country. These characteristics were cross-tabulated to establish the various categories for classification of the survey households. Average personal consumption expenditures for all of the cross-tabulated household groups were estimated from the 1972-73 Consumer Expenditure Survey data and expressed as a percentage of after-tax income. Money available for personal consumption for each household was estimated and compared to the average level of spendable income of all similar households. Those households with spendable income exceeding the average of their group by 30 percent or more were considered to have discretionary income.

In 1980 slightly more than 25,000,000, or almost 31 percent of the Nation's households were in the discretionary income class. These discretionary income households accounted for almost 55 percent of total pretax income, 64 percent of all taxes paid, and had discretionary income of slightly more than \$7,600, equal to 28 percent of after-tax income. Some households were more

¹ The Conference Board is an independent, nonprofit research institution, funded by various businesses and industries, with offices in the United States, Canada, and Europe.

likely than others to have discretionary income. The age group 40 to 64 years accounted for well above average amounts of spendable discretionary income, while the age group under 30 accounted for relatively little discretionary income. Households headed by someone with a college degree accounted for a much greater percentage of discretionary income than did households headed by a high school graduate. Discretionary income was higher in suburban communities and among home owners than in central cities and among renters. Blacks and persons of Spanish origin had very small amounts of discretionary spending money.

Source: The Conference Board, Inc., Consumer Research Center; jointly with U.S. Department of Commerce, Bureau of the Census, 1983, A Marketer's Guide to Discretionary Income, New York, N.Y.

Housing—A Reader

This report is a compilation of papers written by specialists of the Congressional Research Service, Library of Congress, for the House Committee on Banking, Finance, and Urban Affairs and the Subcommittee on Housing and Community Development. Topics covered in the 11 papers include an overview of housing, an examination of the impact of demographic change on housing and community development, inflation in housing costs, the evolution of mortgage markets, a history of tax subsidies to housing, legal aspects of housing discrimination, the scope and rationale of housing assistance programs, and the policymaking process in housing. Also included are a glossary of mortgage terms and financing techniques and a list of suggested readings.

House Banking Committee Print 98-5, Stock No. 052-070-05863-3, is available for \$4.75 from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

National Nutrition Monitoring System //

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The National Nutrition Monitoring System (NNMS) incorporates existing and proposed research and survey activities with the overall purpose of monitoring the nutritional status of the U.S. population. The system was described by the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) in a Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System provided to Congress in 1981. NNMS covers these five types of activities: health status measurements, food consumption measurements, food composition measurements, dietary knowledge and attitudes assessments, and food supply determinations.

The goals of the NNMS are as follows:

- To provide the scientific foundation for the maintenance and improvement of the nutritional status of the U.S. population and the nutritional quality and healthfulness of the national food supply.
- To collect, analyze, and disseminate timely data on the nutritional and dietary status of the U.S. population, the nutritional quality of the food supply, food consumption patterns, and consumer knowledge and attitudes concerning nutrition.
- To identify high-risk groups and geographic areas, as well as nutrition-related problems and trends, in order to facilitate prompt implementation of nutrition intervention activities.
- To establish national baseline data and develop and improve uniform standards, methods, criteria, policies, and procedures for nutrition monitoring.

- To provide data for evaluation of the implications of changes in agricultural policy related to food production, processing, and distribution which may affect the nutritional quality and healthfulness of the U.S. food supply.

The National Health and Nutrition Examination Survey (HANES) and the Nationwide Food Consumption Survey (NFCS) are the core of NNMS. HANES is conducted periodically by the National Center for Health Statistics of HHS. HANES consists of a series of surveys of representative samples of the U.S. population. The surveys include health histories, physical examinations, laboratory measurements, and a 24-hour dietary recall. Analyses of the resulting data provide indications of the health and nutritional status of the U.S. population. Two surveys have been completed--National Health and Nutrition Examination Survey I and National Health and Nutrition Examination Survey II (HANES I (1971-74) and HANES II (1976-80)). A Hispanic Health and Nutrition Examination Survey is underway.

The NFCS has been conducted at roughly 10-year intervals by the Human Nutrition Information Service (HNIS) of USDA. A national probability sample of U.S. households was surveyed in 1977-78. This survey collected information on the food used at home by the entire household and food eaten at home and away from home by individual household members. Included were the kinds, amounts, and cost of food used by households in terms of food as brought into the household during a 7-day period and the food actually consumed by household members during a 3-day period. Also, data were collected on numerous socioeconomic variables, such as income and participation in food assistance programs. Analyses of survey data provide assessments of the adequacy of nutrient intakes of the U.S. population and population segments.

Nutrition monitoring extends beyond the measurement of nutritional and dietary status. It provides information on a regular basis about the kinds and amounts of foods eaten by Americans and about people's knowledge of and preferences for foods, both of which influence food choices. It appraises the composition of the foods eaten (including their nutrient content), the types and

extent of fortification, and the presence of certain contaminants which may influence diet quality and health. It assesses the availability of food for consumption, which may in turn be affected by such factors as crop strategies, commodity prices, and support policies.

Both USDA and HHS carry out a variety of activities in addition to HANES and NFCS that make significant contributions to the understanding of the diets and nutritional well-being of Americans. For example, USDA's HNIS determines the nutrient content of the U.S. food supply each year and maintains the National Nutrient Data Bank. The Agricultural Research Service, in its five nutrition research centers, conducts basic research in human nutritional requirements and methods for determining the composition of foods.

HHS's Center for Disease Control collects information on the health status of people using public health facilities in some States. The Food and Drug Administration's Total Diet Study determines levels of selected nutrients and contaminants in diets prepared from standard market baskets of foods in several regions of the country. Other HHS activities include determination of morbidity and mortality statistics and studies of food knowledge, attitudes, and preferences. Both USDA and HHS conduct research on methods and standards for nutritional assessment.

The National Nutrition Monitoring System has an important limitation. Its large monitoring surveys are generally not appropriate for evaluation of food assistance programs. However, the surveys do collect information about participation in these programs for use as variables in studies of determinants of nutritional and dietary status. Food assistance programs--such as food stamps, meals for the elderly, and food supplements for women, infants, and children--are offered to diverse populations that often are undergoing concurrent changes other than program intervention. Also, most of these programs have objectives in addition to improvement of the diet. Consequently, unless evaluations are designed as carefully controlled experiments from the

outset, a large number of intervening variables will confound the interpretation of results. Meaningful results require studies in which data for control groups or for the population prior to intervention are collected and compared with data for program participants.

NNMS Implementation Plan

The implementation plan submitted to Congress in 1981 set forth several objectives for incorporating HANES and NFCS into an operational monitoring system. According to the plan, the two surveys will be coordinated into a compatible survey plan that would accommodate priority information needs of data users. Starting in 1985, NFCS will survey the diets of individuals on a continuing basis to provide more representative dietary information on a more timely basis. In 1987 the first coordinated NFCS-HANES will be conducted based on methods of research and field tests undertaken in 1983-85. The plan called for the establishment of a joint (USDA-HHS) nutrition monitoring evaluation committee to report to the Congress every 3 years on the nutritional status of the population.

Progress on NNMS Implementation

A number of major steps have been taken toward implementation of NNMS since the plan was submitted to Congress.

USDA and HHS convened a panel of survey statisticians in 1982 to review objectives and procedures of NFCS and HANES and make recommendations on how the two surveys could be made more comparable. Recommendations of the panel are being implemented.

The two Departments jointly sponsored the Food and Nutrition Board of the National Academy of Science (FNB/NAS), that conducted conferences of users of dietary data in 1983. The objectives were to help identify priority needs for dietary information and means of providing the information. The final report of recommendations for national surveys of food consumption from these conferences and the expert committee selected by FNB/NAS was released in July 1984.

Certain aspects of NNMS are being studied at several universities under agreements with USDA. For example, the University of Michigan is studying dietary data collected

in NFCS and HANES and the effect of methodology differences such as data for 1 day versus 3 days, inclusion of weekend days, and nutrient data bases and food coding assumptions used. The University of Wisconsin is studying food costs information collected in NFCS and in the Consumer Expenditure Surveys conducted by the U.S. Department of Labor. Other methods are being studied at the University of Maryland (validation of dietary recall), University of Arizona (measures of household food discard), Pennsylvania State University (food frequency measures), and Case Western Reserve University, Ohio, (use of food models and other quantity guides).

USDA is initiating a continuing survey of food intake of individuals (CSFII) in 1985. As planned, this survey will provide information on a core monitoring group--a nationally representative sample of women 19 to 50 years of age and all children 1 to 5 years of age of these women. Dietary information will be collected for up to 6 days over the year, and a new and comparable sample of women with their children will be surveyed each year. Information collected will take into account priority needs of the data users as indicated by the users' conference conducted by FNB/NAS.

Women were selected for the core monitoring group for several reasons. Generally, they are the household food managers and know the most about the food eaten--how it was prepared and the kinds and amounts of ingredients, for example. Also, women of childbearing age are among the sex-age groups that were found in the 1977-78 survey to have intakes that most often failed to provide recommended amounts of nutrients (see box on p. 18). Young children also frequently had intakes that were short in nutrients, and their diets in these formative years are of special importance.

As a supplement to the CSFII of the nationally representative sample of women and children starting in 1985, a continuing survey of women and children in low-income households is planned starting in 1986. Funding for this supplement has been proposed in the President's budget for fiscal year 1985.

MONITORING OF U.S. DIETS

USDA monitors the nutrient content of U.S. diets at three levels--food available from the U.S. food supply, food used by households, and food eaten by individuals.

Nutrient Content of the U.S. Food Supply

The food supply--the amount of food available per person in the population--is generally plentiful as a nutrient provider. Food supply data represent the amounts of food that disappear into the food distribution system. They are derived by deducting data on exports; military use; year-end inventories; and nonfood use from data on production, imports, and beginning-of-the-year inventories. If the food supply were evenly distributed among the population, it would be sufficient to provide recommended amounts of most nutrients we know enough about to measure. An exception is in the mineral, zinc. The supply of zinc is about 12 mg per person per day, whereas the Recommended Dietary Allowance (RDA) is 15 mg per day for persons 10 years of age or older. This discrepancy occurs despite the fact that the food supply provides about 3,500 calories per person per day--more food than most people actually eat.

Food supply statistics are especially useful for showing long-term trends in nutrient levels and food sources of nutrients. The data show, for example, that although the number of calories the food supply provides has changed little over the past 70 years, the foods that provide the calories have changed. The big changes are the decrease in grain products and the increase in meat, poultry, and fish; fats and oils; and sugars. This represents a shift toward less food that contains complex carbohydrates (such as grain products) and toward more food that contains fat and sugars. The fat content of the food supply has increased markedly since the beginning of the century; a considerable shift from animal to vegetable sources of fat has also occurred.

Food Used in Households

In the 1977-78 Nationwide Food Consumption Survey, information on food use for a week in 15,000 households in the 48 conterminous States was collected, along with information on income, education, and employment of household heads; participation in food assistance programs; and other factors that might be expected to affect food use.

To help determine procedures to be used in CSFII, USDA conducted two major methodological studies. Data have been collected and are being analyzed. One study tested nine alternative procedures for collecting individual intake data for up to 12 days over a year's period of time. Data were collected by personal interview, telephone, mail, and combinations of these. The second study was a pilot study of procedures with selected low-income populations.

The nutrient levels of diets reported in surveys are usually appraised by comparing them to the FNB/NAS Recommended Dietary Allowances (RDA). Many diets do not meet the RDA. Therefore, to interpret survey results, it is important to know the degree of risk associated with consumption of nutrient

levels below the RDA. FNB/NAS is attempting to determine these risks under a grant from USDA. Results of its study will be used by USDA and HHS in appraising diets reported in their future surveys.

The USDA-HHS Joint Nutrition Monitoring Evaluation Committee has been convened. Its fifth meeting was held in Hyattsville, Md., July 20, 1984. Their report of the nutritional status of the population and recommendations for improvements in the monitoring system is to be sent to Congress in November 1984.

USDA's comprehensive decennial survey is being planned for 1987 (NFCS 1987). This survey, comparable to NFCS 1977-78, will collect information on household food

The survey provides benchmarks or norms for household food consumption in terms of pounds, dollars, and nutrients. Agricultural economists use these data to determine demands for production and marketing facilities and services, and to determine the effects of income, size of household, and other variables on consumption of all food and of specific commodities. These data can be used to compare diets of people participating in large food programs directed to the household (such as the Food Stamp Program) with diets of other households that are eligible but do not participate. The household data are the basis for food money management information and guidance, such as the USDA family food plans at four cost levels. The least costly plan--the thrifty food plan--is the legal standard for the food stamp allotment.

Food Eaten by Individuals

NFCS also collected information about the food intakes at home and away of individual household members--what and how much was eaten; where, when, how often; and with whom it was eaten. From this information the food patterns and eating practices of men, women, and children of different ages can be appraised. Target groups can be identified for food assistance and education programs, and appropriate program guides and standards for dietary improvement can be defined. Agencies charged with the safety of our food supply and environment, such as the Food and Drug Administration and the Environmental Protection Agency, use the data to help estimate intakes of additives, contaminants, and naturally occurring toxic substances.

The nutrient intakes of individuals (calculated using food reported in the 1977-78 NFCS and data from the National Nutrient Data Bank) were compared to the RDA. Nutrients found to be most often short of RDA levels were calcium, iron, magnesium, and vitamin B₆. Vitamins A and C were also short in many diets. Furthermore, zinc and folacin are known to be problem nutrients, although individual intakes were not calculated. Many teenage girls and women had calcium intakes that were below RDA. Iron was a problem for children 1 to 2 years of age and females of childbearing age. For more information, see Nutrient Intakes: Individuals in 48 States, Year 1977-78, Report No. 1-2, due off press in September 1984. For price and availability, contact the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 783-3238.

consumption and its money value as well as 3-day food intakes of each household member. National samples of households across all incomes and of low-income households will be surveyed. The 1987 NFCS will incorporate automated interviewing procedures that will have been perfected prior to the survey.

Future Nutrition Monitoring

Policymakers and others need valid and reliable information on the nutritional status of the population on a timely basis. Hunger in the United States and the adequacy of assistance to hungry people were topics addressed by the President's Task Force on Food Assistance in its January 1984 report. This group found that information available from current nutrition monitoring efforts was insufficient to measure the incidence of

hunger and to determine whether hunger was more or less prevalent in 1983 than in the late seventies. They recommended that additional information about nutritional status of the population be obtained.

USDA's CFSII, 1987 NFCS, and other activities in the joint implementation plan for a comprehensive national nutrition monitoring system will provide some of the additional information requested by the President's task force. The CFSII and 1987 NFCS designs and questionnaires will also reflect, insofar as possible, the priority information needs identified by the conference of dietary data users conducted by the Food and Nutrition Board of the National Academy of Sciences.

Better Eating for Better Health^{1/1}

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Nutritionists

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The U.S. Department of Agriculture's Human Nutrition Information Service (HNIS) has been working with the American Red Cross (ARC) for 3 years on the development of the nutrition course "Better Eating for Better Health."² Both organizations offered unique resources to the project. ARC has extensive experience in developing health educational materials and in providing health education to the public. In addition, ARC has over 3,000 chapters nationwide, providing a national network to deliver the nutrition course to the public. USDA has extensive experience in developing and providing nutrition guidance for the general healthy population. In addition, the USDA Extension Service has a national network of food and nutrition specialists who could serve as resources for Red Cross chapters in implementing the course at the local level.

A Memorandum of Understanding, signed in 1982, committed USDA and HNIS to provide technical assistance in developing the nutrition course and to collaborate with ARC in testing and evaluating the nutrition course materials and teaching strategies. The Extension Service agreed to assist in reviewing course materials and to encourage

¹Recognition is given to the following additional members of the project team for the development of "Better Eating for Better Health": Kristen DeMicco and Rebecca Mullis, formerly with Virginia Polytechnic Institute and State University; Mary Ann Hankin and Fred Troutman of the American Red Cross; and Luise Light, formerly with USDA.

²This project was initiated as a result of a resolution passed at the ARC national convention in 1979 to include nutrition in their new health promotion initiatives.

State extension specialists, as resources permit, to provide technical assistance, coordination, and consultation to ARC chapters in delivery of the nutrition course in their communities.

A project team of professionals from HNIS, ARC, and Virginia Polytechnic Institute and State University worked together to develop the course. The project team represented expertise in nutrition science, nutrition education, health education, and program planning and evaluation.

A unique aspect of this project was the integration of evaluation efforts at all stages of course development. Course materials were evaluated and revised several times based on technical review by nutrition and education experts, a series of small-scale pilot tests, and finally a nationwide field test. Field test results indicated that "Better Eating for Better Health" was effective in improving nutrition knowledge, beliefs, and behaviors of course participants from a broad range of backgrounds (5).

Purpose and Design of the Course (2)

The purpose of "Better Eating for Better Health" is to enable the consumer to make wise personal food decisions based on current concepts of nutrition for good health. These current concepts are primarily based on the dietary guidelines published by the U.S. Departments of Agriculture and Health and Human Services (6).

Through a variety of activities and discussions, the course provides an opportunity for participants to evaluate their own food choices and to understand how these choices may affect their health. Emphasis is placed on providing information that will be practical and useful to participants in making food decisions for a better diet. For example, nutrient composition of foods; food labeling; U.S. Recommended Daily Allowances; and the fat, added sweeteners, and sodium content of different types of foods are discussed in detail because they relate directly to practical decisions when selecting foods.

Target Audience

Course materials and activities are designed for healthy American adults who are interested in improving their own nutrition and the nutrition of those for whom they select and prepare food. The course content and materials are appropriate for healthy persons. The food guidance information in the course is designed for people who consume the mix of foods customary in the United States--fruits, vegetables, breads and cereals, dairy products, meat, poultry, and fish. Individuals who exclude one or more of these groups of food from their diets need additional guidance.

Course Content and Materials

The course is designed to be taught in six 2-hour sessions. Generally sessions are to be held once (or at most twice) a week to permit time for completion of activities and trial of new food practices.

The following topics are covered in the sessions:

Session 1: Food and you. Topics include introducing the food guidance system used in the course, factors influencing individual eating decisions, major nutrients in food, and examination of participants' eating patterns.

Session 2: What's in your food? Topics include discussing nutrients in the food groups of the food guidance system, using nutrition and ingredient labels as tools for making food decisions, and identifying roles of food additives.

Session 3: Eating for health. Topics include identifying dietary factors related to heart disease, high blood pressure, and cancer; and ways to moderate fat, cholesterol, sodium, and added sugars in the diet.

Session 4: Food decisions. Topics include evaluating need for vitamin-mineral supplements, factors affecting calorie balance, ways to control weight, and role of regular exercise in physical fitness.

Session 5: Nutrition throughout your life. Topics include identifying nutrient needs and factors that influence food choices and nutritional health during different stages of the life cycle, using the food guidance system to plan diets for

people of all ages; and modifying recipes to moderate fat, sodium, and sugar content.

Session 6: Putting it all together.

Topics include evaluating different diets, sharing experiences in trying out new food practices, and reviewing and evaluating the course.

Course materials consist of an instructor's guide (2) and a participant's packet (3). The format for each session in the Instructor's Guide includes an overview, objectives, key points, instructor's preparation for the session, and content and activities for each objective. Activity sheets, tables, and other supplemental material are also included in various sessions. The participant's packet contains a Participant's Guide with background information on session topics, six booklets dealing with nutrition issues at specific stages of the life cycle, and a poster that summarizes some of the food guidance information developed for the course. A 13-minute film, "Table Talk," illustrates a variety of other factors (cultural, social, environmental, financial, and so forth) that may influence an individual's food choices in addition to nutrition and health concerns (1).

Instructors

The course is taught under the auspices of an ARC chapter by an authorized instructor. An instructor must have training in nutrition (as a registered dietitian or nutritionist) or in a related field that includes some course work in human nutrition. Examples of professionals in related fields include registered nurses, health educators, and home economists. Instructors for the course are recruited by ARC chapters and must complete the Nursing and Health Services Core Curriculum, which covers adult education methods, and the Nutrition Instructor Specialty course, which covers the course design and content. Instructor training requirements may be modified somewhat depending on the professional experience of the instructor candidate (4).

ARC is encouraging chapters to seek participation of nutritionists and registered dietitians in training instructors and in

teaching the course. Instructors who are not nutrition professionals are encouraged to team with a nutritionist in teaching the course. In addition, ARC chapters and nutrition course instructors are asked to identify appropriate nutrition professionals in their communities who are willing to serve as information resources for instructors and participants during and after the course.

For more information on "Better Eating for Better Health" contact a Red Cross chapter in your community.

LITERATURE CITED

1. The American Red Cross. 1982. Table Talk.
2. _____. 1984. Better Eating for Better Health: Instructor's Guide.
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5. Edwards, Patricia K., Alan C. Acock, Robert L. Johnston, and Kristen L. DeMicco. 1983. American Red Cross Nutrition Course Field Test: Final Report. The American National Red Cross.
6. U.S. Department of Agriculture and U.S. Department of Health and Human Services. 1980. Nutrition and Your Health...Dietary Guidelines for Americans. Home and Garden Bulletin No. 232.

More Census '80 Product Primers

The Bureau of the Census has issued five Product Primers, a series of instructional aids to help college instructors, students, and researchers use 1980 census products, bringing the total number published as of March 1984 to nine.¹ The Bureau has also announced that three other primers will be available soon.

Primer 5 introduces the General Population Characteristics (PC80-1-B) reports. Primers 6 and 7 are extracts from Summary

¹For a review of Product Primers 1 to 4, see Family Economics Review 84(1):17.

Tape Files (STF) 1 and 3 and feature the two microfiche products that offer substantial data for small areas. Primer 6 describes the complete-count data found on STF's 1A and 1C microfiche and includes a detailed exercise on geographic hierarchy to help users locate data for specific areas on these fiche. Primer 7 describes sample estimate data found on STF's 3A and 3C. Primer 8 describes the Summary Characteristics of Governmental Units and Standard Metropolitan Statistical Areas (PHC80-3) reports; Primer 9 focuses on the Congressional Districts of the 98th Congress (PHC80-4) series.

Product Primers 10 through 12 will be available shortly. Primer 10 will cover the Census Tracts (PHC80-2) reports; Primer 11 will describe the General Social and Economic Characteristics (PC80-1-C) State reports; Primer 12 will introduce the Detailed Housing Characteristics (HC80-1-B) series.

The primers cost \$1 per copy (25 percent discount on orders of 100 or more going to a single address) and are available from Data User Services Division, Customer Services Division, Bureau of the Census, Washington, D.C. 20203.

Money Income and Poverty Status of Families in 1982

A recession beginning in mid-1981 and lasting through most of 1982 caused a decline in families' real income. However, due to a slowing in the rate of inflation, real income declined by only 1.4 percent (see table). This was significantly less than the 1980-81 decline of 3.5 percent.

White families and, in particular, Spanish families experienced a significant decrease in real median income. Black families underwent no significant change in their real median income.

Although the income of families in the West decreased by 2.8 percent, income of families in other parts of the United States did not change significantly. Families living in large metropolitan areas were the worst hit by the recession; they suffered a 3.2-percent decline in real median income.

Median income in 1981 and 1982 by selected characteristics

Characteristics	Median income		Percentage change in real income
	1981	1982	
	- - - - - Dollars - - - - -		
All families	22,388	23,433	¹ -1.4
Race:			
White	23,517	24,603	¹ -1.4
Black	13,267	13,599	-3.4
Spanish origin ²	16,402	16,228	¹ -6.8
Type of residence:			
In metropolitan areas	24,478	25,423	¹ -2.1
1,000,000 or more	25,741	26,440	¹ -3.2
Less than 1,000,000	22,893	24,164	-0.5
Outside metropolitan areas.....	19,225	20,100	-1.5
Type of family:			
Married couples	25,065	26,019	¹ -2.2
Wife in paid labor force	29,247	30,342	¹ -2.2
Wife not in paid labor force	20,325	21,299	-1.3
Male householder, no wife	19,889	20,140	-4.6
Female householder, no husband.....	10,960	11,484	-1.3
All males	13,473	13,950	¹ -2.4
All females	5,458	5,887	¹ 1.6

¹ Statistically significant change at the 95-percent confidence level.

² Persons of Spanish origin were identified by a question that asked for self-identification of the person's origin or descent.

Source: U.S. Department of Commerce, Bureau of the Census, 1983, Money income and poverty status of families and persons in the United States: 1982, Current Population Reports, Consumer Income, Series P-60, No. 140.

Families in smaller cities and nonmetropolitan areas experienced no significant decline in real income.

Among families consisting of a married couple and those headed by single females or males, only married couples with a wife in the labor force showed a significant decline in income. Associated with the decline in the income of married couples was a 1.5 percent decline in the income of families with two earners. While real median income for men decreased, real median income for women actually increased.

The recession, which resulted in a rise in unemployment, and the reduction of federally sponsored programs, such as Aid to Families

With Dependent Children, caused an increase of 2.6 million persons living in poverty. In 1982 there were 34.4 million persons living below the poverty level, constituting 15 percent of the U.S. population. The slow rate of inflation contributed to the smallest increase in the poverty threshold since 1976 (6.1 percent). In 1982 this threshold was \$9,862 for a family of four.

Source: U.S. Department of Commerce, Bureau of the Census, 1983, Money income and poverty status of families and persons in the United States: 1982, Current Population Reports, Consumer Income, Series P-60, No. 140.

Updated Estimates of the Cost of Raising a Child

The cost of raising urban children: June 1984; moderate-cost level ¹

Region and age of child (years)	Total	Food at home ²	Food away from home	Clothing	Housing ³	Medical care	Educa-tion	Transpor-tation	All other ⁴
NORTH CENTRAL:									
Under 1	\$4,238	\$561	\$0	\$135	\$1,810	\$281	\$0	\$868	\$583
1	4,366	689	0	135	1,810	281	0	868	583
2-3	4,065	689	0	220	1,591	281	0	756	528
4-5	4,307	791	140	220	1,591	281	0	756	528
6	4,493	765	140	304	1,509	281	127	756	611
7-9	4,672	944	140	304	1,509	281	127	756	611
10-11	4,850	1,122	140	304	1,509	281	127	756	611
12	5,178	1,148	168	439	1,564	281	127	812	639
13-15	5,306	1,276	168	439	1,564	281	127	812	639
16-17	5,821	1,429	168	608	1,618	281	127	896	694
Total	86,295	17,885	2,128	5,946	28,530	5,058	1,524	14,336	10,888
NORTHEAST:									
Under 1	4,201	663	0	135	1,838	281	0	756	528
1	4,354	816	0	135	1,838	281	0	756	528
2-3	4,236	791	0	236	1,673	281	0	700	555
4-5	4,478	893	140	236	1,673	281	0	700	555
6	4,807	893	168	321	1,646	281	159	700	639
7-9	4,985	1,071	168	321	1,646	281	159	700	639
10-11	5,215	1,301	168	321	1,646	281	159	700	639
12	5,533	1,301	168	473	1,701	281	159	784	666
13-15	5,686	1,454	168	473	1,701	281	159	784	666
16-17	6,096	1,607	196	591	1,728	281	159	840	694
Total	90,958	20,432	2,352	6,214	30,504	5,058	1,908	13,328	11,162
SOUTH:									
Under 1	4,614	612	0	152	1,948	312	0	924	666
1	4,742	740	0	152	1,948	312	0	924	666
2-3	4,441	714	0	236	1,728	312	0	812	639
4-5	4,658	791	140	236	1,728	312	0	812	639
6	4,935	791	168	321	1,646	312	191	812	694
7-9	5,088	944	168	321	1,646	312	191	812	694
10-11	5,292	1,148	168	321	1,646	312	191	812	694
12	5,639	1,148	196	473	1,701	312	191	868	750
13-15	5,792	1,301	196	473	1,701	312	191	868	750
16-17	6,222	1,429	196	608	1,756	312	191	952	778
Total	93,796	18,190	2,464	6,282	31,000	5,616	2,292	15,344	12,608
WEST:									
Under 1	4,546	612	0	135	1,893	343	0	924	639
1	4,699	765	0	135	1,893	343	0	924	639
2-3	4,455	740	0	220	1,701	343	0	812	639
4-5	4,725	842	168	220	1,701	343	0	812	639
6	5,070	816	196	321	1,673	343	159	840	722
7-9	5,249	995	196	321	1,673	343	159	840	722
10-11	5,478	1,224	196	321	1,673	343	159	840	722
12	5,780	1,224	196	456	1,728	343	159	924	750
13-15	5,908	1,352	196	456	1,728	343	159	924	750
16-17	6,482	1,531	224	574	1,810	343	159	1,008	833
Total	95,846	19,132	2,744	6,048	31,160	6,174	1,908	15,848	12,832

¹Annual cost of raising a child from birth to age 18, by age, in a husband-wife family with no more than 5 children. For more information on these and additional child cost estimates, see USDA Miscellaneous Publication No. 1411, "USDA Estimates of the Cost of Raising a Child: A Guide to Their Use and Interpretation," by Carolyn S. Edwards, Family Economics Research Group, Agricultural Research Service, USDA.

²Includes home-produced food and school lunches.

³Includes shelter, fuel, utilities, household operations, furnishings, and equipment.

⁴Includes personal care, recreation, reading, and other miscellaneous expenditures.

The cost of raising rural nonfarm children: June 1984; moderate-cost level¹

Region and age of child (years)	Total	Food at home ²	Food away from home	Clothing	Housing ³	Medical care	Educa-tion	Transpor-tation	All other ⁴
NORTH CENTRAL:									
Under 1	\$4,005	\$510	\$0	\$118	\$1,728	\$281	\$0	\$840	\$528
1	4,133	638	0	118	1,728	281	0	840	528
2-3	3,674	612	0	186	1,454	250	0	700	472
4-5	3,888	714	112	186	1,454	250	0	700	472
6	4,200	714	140	287	1,426	250	127	728	528
7-9	4,353	867	140	287	1,426	250	127	728	528
10-11	4,557	1,071	140	287	1,426	250	127	728	528
12	4,903	1,071	140	439	1,481	250	127	812	583
13-15	5,031	1,199	140	439	1,481	250	127	812	583
16-17	5,403	1,327	168	540	1,509	281	127	840	611
Total	80,437	16,579	1,960	5,538	26,770	4,624	1,524	13,776	9,666
NORTHEAST:									
Under 1	4,650	612	0	135	1,948	281	0	980	694
1	4,778	740	0	135	1,948	281	0	980	694
2-3	4,560	714	0	220	1,783	281	0	896	666
4-5	4,830	816	168	220	1,783	281	0	896	666
6	5,179	816	196	321	1,756	281	191	896	722
7-9	5,332	969	196	321	1,756	281	191	896	722
10-11	5,562	1,199	196	321	1,756	281	191	896	722
12	5,897	1,199	196	490	1,810	281	191	952	778
13-15	6,050	1,352	196	490	1,810	281	191	952	778
16-17	6,577	1,505	224	642	1,856	281	191	1,036	833
Total	97,708	18,798	2,744	6,320	32,534	5,058	2,292	16,800	13,162
SOUTH:									
Under 1	4,810	612	0	152	1,948	312	0	1,120	666
1	4,912	714	0	152	1,948	312	0	1,120	666
2-3	4,445	689	0	236	1,673	312	0	924	611
4-5	4,715	791	168	236	1,673	312	0	924	611
6	4,905	765	168	321	1,618	312	159	896	666
7-9	5,058	918	168	321	1,618	312	159	896	666
10-11	5,262	1,122	168	321	1,618	312	159	896	666
12	5,654	1,122	196	490	1,673	312	159	980	722
13-15	5,782	1,250	196	490	1,673	312	159	980	722
16-17	6,277	1,403	224	692	1,701	312	159	1,036	750
Total	94,199	17,727	2,576	6,518	30,390	5,616	1,908	17,304	12,160
WEST:									
Under 1	4,990	612	0	135	1,975	343	0	1,120	805
1	5,118	740	0	135	1,975	343	0	1,120	805
2-3	4,621	714	0	220	1,701	312	0	952	722
4-5	4,891	816	168	220	1,701	312	0	952	722
6	5,261	791	168	338	1,673	343	191	952	805
7-9	5,439	969	168	338	1,673	343	191	952	805
10-11	5,643	1,173	168	338	1,673	343	191	952	805
12	6,035	1,173	196	507	1,728	343	191	1,036	861
13-15	6,189	1,327	196	507	1,728	343	191	1,036	861
16-17	6,784	1,505	224	591	1,838	343	191	1,176	916
Total	100,166	18,620	2,576	6,388	31,380	6,050	2,292	18,256	14,604

¹ Annual cost of raising a child from birth to age 18, by age, in a husband-wife family with no more than 5 children. For more information on these and additional child cost estimates, see USDA Miscellaneous Publication No. 1411, "USDA Estimates of the Cost of Raising a Child: A Guide to Their Use and Interpretation," by Carolyn S. Edwards, Family Economics Research Group, Agricultural Research Service, USDA.

² Includes home-produced food and school lunches.

³ Includes shelter, fuel, utilities, household operations, furnishings, and equipment.

⁴ Includes personal care, recreation, reading, and other miscellaneous expenditures.

Cost of Food at Home

Cost of food at home estimated for food plans at 4 cost levels, June 1984, U.S. average

Sex-age group	Cost for 1 week				Cost for 1 month			
	Thrifty plan	Low-cost plan	Moderate-cost plan	Liberal plan	Thrifty plan	Low-cost plan	Moderate-cost plan	Liberal plan
FAMILIES								
Family of 2:								
20-50 years	\$36.70	\$45.90	\$56.50	\$69.60	\$159.10	\$199.00	\$244.80	\$301.30
51 years and over	34.80	43.90	53.80	64.10	150.60	190.10	233.20	277.90
Family of 4:								
Couple, 20-50 years and children--								
1-2 and 3-5 years	53.40	65.90	80.40	98.10	231.30	286.00	348.40	424.70
6-8 and 9-11 years	61.40	77.60	96.90	116.20	265.78	336.40	419.70	503.00
INDIVIDUALS								
Child:								
1-2 years	9.60	11.50	13.40	16.10	41.60	50.00	58.10	69.60
3-5 years	10.40	12.70	15.60	18.70	45.10	55.10	67.80	81.20
6-8 years	12.80	16.80	21.00	24.50	55.40	72.80	91.00	106.10
9-11 years	15.20	19.10	24.50	28.40	65.70	82.70	106.20	123.00
Male:								
12-14 years	15.90	21.70	27.00	31.60	68.90	94.00	117.00	137.10
15-19 years	16.60	22.60	27.80	32.30	72.00	97.70	120.50	139.80
20-50 years	17.60	22.20	27.80	33.40	76.20	96.40	120.40	144.50
51 years and over	16.00	21.10	25.80	30.80	69.40	91.20	111.70	133.40
Female:								
12-19 years	15.80	18.80	22.60	27.30	68.30	81.30	98.10	118.20
20-50 years	15.80	19.50	23.60	29.90	68.40	84.50	102.10	129.40
51 years and over	15.60	18.80	23.10	27.50	67.50	81.60	100.30	119.20

Assumes that food for all meals and snacks is purchased at the store and prepared at home. Estimates for the thrifty food plan were computed from quantities of foods published in Family Economics Review, 1984 No. 1. Estimates for the other plans were computed from quantities of foods published in Family Economics Review, 1983 No. 2. The costs of the food plans are estimated by updating prices paid by households surveyed in 1977-78 in USDA's Nationwide Food Consumption Survey. USDA updates these survey prices using information from the Bureau of Labor Statistics (CPI Detailed Report, table 3) to estimate the costs for the food plans.

10 percent added for family size adjustment. See footnote 4.

The costs given are for individuals in 4-person families. For individuals in other size families, the following adjustments are suggested: 1-person--add 20 percent; 2-person--add 10 percent; 3-person--add 5 percent; 5- or 6-person--subtract 5 percent; 7- or more-person--subtract 10 percent.

Consumer Prices

Consumer Price Index for all urban consumers [1967 = 100]

Group	July 1984	June 1984	May. 1984	July 1983
All items	311.7	310.7	309.7	299.3
Food	303.2	302.0	301.4	292.0
Food at home.....	292.5	291.4	290.7	282.8
Food away from home.....	334.4	333.1	332.6	319.8
Housing	338.1	336.2	334.6	324.5
Shelter.....	362.7	360.2	358.9	345.3
Rent, residential	249.7	248.4	247.2	237.1
Fuel and other utilities	393.9	390.0	385.5	375.5
Fuel oil, coal, and bottled gas	637.4	646.0	649.2	619.3
Gas (piped) and electricity	459.1	450.6	441.4	440.5
Household furnishings and operation.....	241.9	242.3	242.4	238.9
Apparel and upkeep	196.6	197.4	198.9	195.0
Men's and boys'	189.8	190.3	190.7	188.2
Women's and girls'	156.2	157.9	161.8	158.8
Footwear	208.0	209.6	210.2	203.8
Transportation	312.9	313.1	312.2	300.4
Private.....	307.5	308.1	307.4	296.0
Public.....	389.3	385.2	380.7	363.2
Medical care.....	380.3	378.0	376.8	357.7
Entertainment	255.3	254.5	253.5	246.0
Other goods and services.....	306.5	304.4	303.2	287.5
Personal care.....	271.8	270.6	269.5	261.3

Source: U.S. Department of Labor, Bureau of Labor Statistics.

MAIL TO: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

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Agricultural Outlook '85 Program — Outlook for Families

Home Economics: Outlook for Families, a part of the Agricultural Outlook Conference, will be held from December 3 to 5, 1984, in Washington, DC. Please register in advance by writing Outlook '85, Room 5143, South Building, Washington, DC 20250. To obtain Conference materials and a building pass to this free Conference, participants are asked to go to the Patio in USDA's Administration Building at 12th St. and Independence Ave.

A live access telephone line service is available for those who cannot attend the Conference. The cost is 50 cents for the

first minute, and 35 cents for each additional minute. The home economics sessions on Monday and Tuesday (with the exception of the lunch talk) can be direct dialed on 900-410-1245. The human nutrition session Wednesday can be accessed on 900-410-FORR.

An informal luncheon buffet will be held at Hogate's Seafood Restaurant at 9th Street and Maine Avenue, SW., Washington, DC. on Monday, December 3, 1984, at 12:15 p.m. To make a reservation, please send a check for \$13.25, payable to HE-170, to Velda Rankin, ES-USDA, Room 3443, South Building, Washington, DC 20250. The cost will be \$14.50 at the door for reservations not made or received by Wednesday, November 21.

Monday, December 3

- 12:15 **Lunch at Hogate's Seafood Restaurant**
Economic Outlook for Families - June A. O'Neill, Urban Institute
Moderator - Mary E. Heltsley, CSRS-USDA
- 2:30-4:00 **Measuring Poverty**
Moderator - Mollie Orshansky, retired HHS
Poverty in the United States - Speaker to be announced (TBA)
In-Kind Income: Effect on Poverty - (TBA)
Discussant - June A. O'Neill, Urban Institute
- 4:15-5:00 **Medical Care Expenditures** - Mary Grace Kovar, HHS
Moderator - Colien Hefferan, ARS-USDA

Tuesday, December 4

- 12:30-2:00 **Family Policy**
Moderator - (TBA)
Congressional Findings - Alan J. Stone, Staff Director and Counsel, House Select Committee on Children, Youth, and Families; Christine Elliott-Groves, Minority Staff Director, House Select Committee on Children, Youth, and Families
Grass Roots Findings - Anna Mae Kobbe, NAEHE
- 2:15-3:45 **Housing**
Moderator - Glenda L. Pifer, ES-USDA
Housing Outlook - (TBA)
Adjustable Rate Mortgages - Kevin Villani, Federal National Mortgage Corporation
- 4:00-4:45 **Clothing: The Portable Environment** - Susan M. Watkins, Cornell University
Moderator - Joan C. Courtless, ARS-USDA

Wednesday, December 5

- 1:30-3:45 **Human Nutrition**
Moderator - Ann Chadwick, OCA-USDA
American Red Cross Nutrition Course - (TBA)
USDA's Continuing Survey - (TBA)
Revision of the Dietary Guidelines - (TBA)

Highlights

Family Support of the Elderly

Social Security Income of Farm Operator Households

National Nutrition Monitoring System

Better Eating for Better Health